

# 2013 Record of Public Comments Received by the Alaska Health Care Commission

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Updated: 11-29-13

## Comments Received During Public Comment Period on Draft Report

Subject	Commenter	Summary of Contents	Form and Date
OTHER: General	Michael DiFilippo; Wellness Coordinator, HealthSmart	Good job.	Email; 11/8/2013
Engage Employers	Richard Holt; Pharmacist	<p>Prescription Opioid Control</p> <ul style="list-style-type: none"> <li>• Prescription drug abuse is a significant issue in Alaska and nationally.</li> <li>• Would like to see the Alaska Board of Pharmacy and Medical Board mirror NY State's recent 2013 controlled substance monitoring program, requiring practitioners (with limited exceptions) to check the registry prior to prescribing controlled substances. NY's database is also real-time. Link to NY's program website is provided for more info.</li> <li>• Should also require standardized prescriptions available to order through the state.</li> <li>• Should also require the actual DEA license holder to phone in verbal orders on controlled substance prescriptions.</li> <li>• Combatting prescription drug abuse needs to be a team effort between the medical and pharmacy boards.</li> </ul>	Email; 11/11/2013
Engage Employers	Dave Donley; former Alaska legislator	<p>Finding F, Regarding State Retiree Coverage</p> <ul style="list-style-type: none"> <li>• The bullet regarding State retiree health plan is inaccurate. The non-diminishment clause does not prohibit the State from improving retiree coverage, only from making it worse. The State could add cost saving preventive care at any time. The State has chosen not to in order to use coverage options as a tool to obtain</li> </ul>	Email; 11/12/2013

		agreement on reduction in other aspects of coverage. It is unfair for state retirees to have no preventive care — should be commensurate with Denali KidCare (see attached flyer). Please consider revising this statement, as suggested here.	
2014 Agenda	Jenny Love, MD, MPH; API Medical Director	Behavioral Health <ul style="list-style-type: none"> <li>Plans to review current status or otherwise address behavioral health are not included.</li> <li>Interrelationship of behavioral health, emotional wellness and physical health is well-established, and cost reduction and improved population health are related to behavioral health.</li> <li>The commission should maintain vigilance to the mental and emotional well-being of Alaskans.</li> </ul>	Email; 11/20/2013
Engage Employers; Transparency; 2014 Agenda	Karen Perdue; President/CEO, Alaska State Hospital & Nursing Home Association (ASHNHA)	Engage Employers <ul style="list-style-type: none"> <li>Rec. 1.a (also Transparency Rec. 2): All-Payer Claims Database (APCD)               <ul style="list-style-type: none"> <li>ASHNHA supports increased transparency but APCD is large, expensive and challenging.</li> <li>States with APCDs for many years show mixed results at using APCDs for providing public data on price, quality and outcomes.</li> <li>There are many unanswered questions, and a stakeholder process is required to develop a plan for an APCD. Essential that providers understand and agree on purpose and operating principles.</li> <li>Should also look at enterprise solutions that provide consumers with empowerment tools.</li> <li>Focus first on the Hospital Discharge Data System (HDD) and ensure this effort engages stakeholders and achieves desired outcomes. Starting an APCD without first demonstrating success with HDD is unwise.</li> </ul> </li> <li>ASHNHA supports reasonable reform of Workers' Comp — it appears overdue. Care should be taken when implementing changes to fee schedules.</li> </ul>	Document transmitted via Email; 11/27/2013

		<p>Transparency</p> <ul style="list-style-type: none"> <li>• Findings related to the HDD should note that the data set is incomplete due to lack of data from ambulatory surgery centers and other facilities.</li> <li>• Findings related to APCDs should indicate that states with APCDs have had mixed results and face challenges using the data to impact consumerism.</li> <li>• Rec. 1: ASHNHA supports the HDD reporting mandate if all facilities providing same services as hospitals, e.g. ambulatory surgery centers, are included. <ul style="list-style-type: none"> <li>○ Facilities mandated to report must be included in the design of protocols for data privacy, security and use — data governance structure is essential</li> <li>○ See attached ASHNHA comments to DHSS on HDD re: Reporting Facilities, Data Standards, Governance, and Data Access &amp; Release.</li> </ul> </li> </ul> <p>2014 Agenda</p> <ul style="list-style-type: none"> <li>• The commission should take a more active role in federal health reform activities — simply tracking activities is not enough. <ul style="list-style-type: none"> <li>○ The commission should take a more active role in informing the public of the decisions and actions ahead.</li> <li>○ The commission should focus on supporting Alaskans to purchase health insurance through federally facilitated marketplace — a coordinated, statewide marketing and education campaign is necessary. The commission should study the possibility of Alaska taking on a “partnership” role in the marketplace to ensure Alaskans’ needs are met.</li> <li>○ Concerned that Governor is not expanding Medicaid for Alaskans below 100% FPL who cannot access subsidies. Commission should study this population and recommend ways to meet their needs.</li> <li>○ Commission should identify ACA implementation activities that align with the commission’s vision and goals and enthusiastically support them.</li> </ul> </li> </ul>	
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Evidence-Based Medicine; Engage Employers	Patricia Senner; Alaska Nurses Association (AaNA)	<p>Evidence-Based Medicine</p> <ul style="list-style-type: none"> <li>• Rec. 1: AaNA supports evidence-based medical and nursing care, but sees severe limitations to this approach. References PSA screening for prostate cancer. Is it safe to extrapolate from studies done on a less diverse population to Alaska's population?</li> <li>• Rec. 1.a: Prior authorization processes are time consuming, costly, and the issue is complicated.</li> <li>• Rec. 1.b: AaNA would like to be involved in developing evidence-based learning opportunities. Use the term "health care" rather than "medical services."</li> <li>• Rec. 1.e: Involve nurses and patients in the process of developing compliance strategies.</li> </ul> <p>Engage Employers</p> <ul style="list-style-type: none"> <li>• Provision of safe working environments is a top priority of AaNA. Would appreciate opportunity to work more closely with employers of nurses on injuries related to lifting/turning patients in health facilities.</li> <li>• ACA will make insurance available to nurses who have to retire early due to patient lifting/turning challenge. Alaska Administration should stop maligning ACA.</li> <li>• Rec. 4: Workers Compensation <ul style="list-style-type: none"> <li>○ There should be an incentive for employers to improve work environments to reduce injuries, such as lift equipment in health care facilities.</li> <li>○ Alaska RNs who work on the road system are paid the same or less than their counterparts in Seattle and Portland.</li> </ul> </li> <li>• Rec. 5: The Alaska Board of Nursing already has regulations regarding dispensing of medications. (<i>bullet #9 in comments</i>)</li> <li>• Rec. 6: Prescription Opioid Control <ul style="list-style-type: none"> <li>○ AaNA would like to work with other providers on a pain management system. Caring for patients addicted to opioids is one of the most difficult tasks facing Alaskan nurses.</li> <li>○ Funding for the Alaska Prescription Drug Monitoring Program database is currently not stable — having such a database is important.</li> <li>○ The WA state legislation referenced in</li> </ul> </li> </ul>	Document transmitted via Email; 11/27/2013
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Evidence-Based Medicine; Engage Employers; Transparency 2014 Agenda	Julie McDonald; President, Alaska Pharmacists Association (AkPhA)	<p>Evidence-Based Medicine</p> <ul style="list-style-type: none"> <li>• Rec. 1.a: Pharmacists play pivotal role in prior authorization (PA) processes. AkPhA supports improvement in PA process, recommends standardization, and requests they be included in discussions.</li> <li>• Rec. 1.c.: Appreciate recommendation to include providers in training and decision-making.</li> <li>• Rec. 1.e: 3<sup>rd</sup>-party payer and Pharmacy Benefit Manager (PBM) directing patients to mail order pharmacies interferes with pharmacist and patient/provider relationships, and there are many problems inherent for patients in mail order processes (details noted in letter). The Commission should oppose this trend and ensure patients freedom of choice in pharmaceutical care.</li> </ul> <p>Engage Employers: Prescription Drug Abuse</p> <ul style="list-style-type: none"> <li>• AkPhA commends commission for focus on growing problem of prescription opioid abuse; AkPhA is actively engaged in addressing this issue, and is willing to collaborate.</li> <li>• Rec. 1.a (also Transparency Rec. 2): All-Payer Claims Database (APCD) — many factors involved — AkPhA would like to be included in planning.</li> <li>• Rec. 5: AkPhA supports inclusion of Pharmacy Board in this Recommendation.</li> <li>• Rec. 6.a: AkPhA values the Prescription Drug Monitoring Program and strongly supports upgrade of database to real-time, and would like to see integration with other states. What are the commission's plans for financial support of on-going operations?</li> </ul>	Letter transmitted via Email; 11/27/2013

		<p>2014 Agenda</p> <ul style="list-style-type: none"> <li>• Fraud &amp; Abuse: AkPhA supports this effort, and suggests a toll-free number be created for providers to report evidence of patient or provider fraud and/or abuse.</li> <li>• Pharmacy Benefit Management: If plans are to study Pharmacy Benefit Managers, there are many issues and concerns to be addressed; this is of great interest to AkPhA and the association would like to be involved in the discussion.</li> </ul>	
Transparency	John Lee; CEO, Mat-Su Reg. Medical Ctr.	<p>Hospital Discharge Database (HDD)</p> <ul style="list-style-type: none"> <li>• Large % of services are delivered in outpatient ambulatory surgery centers and imaging centers — omission of this data from HDD does not provide sufficient information for decision making. HDD Reporting mandate should: <ul style="list-style-type: none"> <li>○ Include all entities that operate under Certificate of Need (CON)</li> <li>○ Include federal facilities as a condition of receiving Medicaid reimbursement</li> </ul> </li> <li>• State hospital association currently collects HDD data and not all hospitals belong to the association. Data is shared only with members. The State should: <ul style="list-style-type: none"> <li>○ Manage the database</li> <li>○ Establish an oversight committee to manage data requests</li> </ul> </li> </ul>	Email; 11/27/2013
Transparency	Andy Mayo; CEO, North Star Behavioral Health	<ul style="list-style-type: none"> <li>• Concerned regarding data systems' ability to maintain privacy for behavioral health due to small number of providers.</li> </ul>	Email; 11/27/2013
OTHER: Long Term Care; End-of-Life Care	Pauline Burrell; Chief Quality Officer, Mat-Su Reg. Medical Center	<ul style="list-style-type: none"> <li>• Mat-Su Borough is in desperate need of a nursing home.</li> <li>• In Mat-Su there is also insufficient: <ul style="list-style-type: none"> <li>○ Numbers of Assisted Living Facility beds</li> <li>○ Hospice resources</li> <li>○ Home health service capacity</li> </ul> </li> </ul>	Letter transmitted via Email; 11/27/2013